Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. KENT RECORD IS A PERMA MARGIN RESERVED FOR BINDI WITH UNFADING INK--THIS

V. S. No. 1

PLACE OF DEATH County Cecil	STATE OF MARYLAND CERTIFICATE OF DEATH
10.0	Registration Dist. No.
Village or City Month Each (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME David See adbi	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH 20 , 1928 7
6 DATE OF BIRTH  (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1932 to 2 0 , 1923 2 that I last saw h alive on 1923 2
7 AGE  2 yrs. 1 mos. 6 ds. or min.?	X
(a) Trade, profession or particular kind of work	Joby neumina
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary  Contri
10 NAME OF FATHER DOC adkins.	signed) The enhalls, D.
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Liddie Lynnia	Accidental, Suicidal or Homicidal.  18 LANGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Doc adhins	Former or usual residence
(Address) north Cas PD	Willis R. D. Floyd Co Va Jan 23, 1932
Filed / - 21-32 192 Les W. Quests Registrar	20 UNDERTAKER DODRESS MATERIAL
If more branks are needed, address State Registrar.	16 W. Saratoga St., Balto, Requesting V. S. No. 1.

## REVISED UNITED STATES STANDARD ERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housecupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scruat, Cook, Housemuid, etc. If the occupation has been changed en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Jusiness, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Farm laborer, Luborerwithout more precise specification as For persons who have no occupation (a) the kind of work and also (b) the Salesman. -Coul mine, etc. Wom-(b)

spinal meningitis"); Diphtheria (avoid use of "Croup tever ed ter n for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia, fever (never report "Typhoid Pneumonia";

answered in Hetail, it will prevent further correspondence. data is essential and must be obtained before the cert permanently filed

and must be obtained before the certificate is

If this cartificate is looked over thoroughly and al questions

American Medical Association.) inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition, "("Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion." "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease (secondar, or intercurrent) (Recommendations on statement of cause of Examples: A ceidental drowning; Struck by railway train-"Atrophy." "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi cough; " "Marasmus, " "Old Age, " "Shock, Chronic Example: Measles (disease affection need etc. The contributory

Registration Dist. No. (If death occurred in

a hospital or institution, give Its NAME Is stead of street and number.)

MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at

\*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether

DATE OF BURIAL

ADDRESS

(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Colton mill; (a) Sulesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective c Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer Che or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant Cook to report specifically the occupations of persons or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISS. EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Jyphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

permanently filed

carbolic acid-probably suicide. The nature of the injury, Paccident; Revolver wound of head-homicide; Poisoned by Diedonus) may be stated under the head of "contributory." If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," st\_ted unless important. ..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsia, Examples: Accidental drowning; Struck by railway trainatic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJUNY Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles ;

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## REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective co fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. gaged in domestic service for wages, as Servant, Cooling Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer--Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons Foreman, or At Home, and children, For many occupations a single word or term cn without more precise specification as Day Locomotive engineer, not gainfully em-Grocery;

s, inal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same dise.se. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); EASE CAUSING DEATH (the primary affection with respect time and causation), using always the same accept (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

answered in detail, it will prevent further correspondence. All the dita is essential and must be obtained before the certificate is

approved by Committee on American Medical Association.)

He this certificate is looked dyta is essential. Dictarius) may be stated under the head of "contributory." carbolic acid-probably suicide. The n. ture of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. (secondary If this certificate is looked over thoroughly and all qu stions Never report mere symptoms or terminal condiperilonaeum, etc., Carcinoma, Sarcoma, etc., ol FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease; nephritis, etc. The contributory

act -	1PLACE OF DEATH	UU336 STATE OF MARYLAND
EX		CERTIFICATE OF DEATH
4	County Cean	Registration Dist. No. 90
assified	Village or City New Cecellage	St.: Ward) (If death occurred is a hospital or institution, eive its NAME ir
Iy ol	2FULL NAME Still Join	Bally stend of street and
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
pr	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
2 > 0	M Col WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY (EXTIFY, That I attended the deceased from
	6 DATE OF BIRTH	17 I HEREBY CEXTIFY, That I attended the deceased from
E at l	(Year) (Day) (Year)	that I last saw halive on
AC th	7 AGE [If LESS than	and that death occured on the date stated above, at
o o o	dayhrs.	The CAUSE OF DEATH * was as follows:
255		Still Born 7 mos.
10	(a) I rade, profession or	sul som Mos.
>= 6		
	business, or establishment in	(Duration) yrs, mas, d
H in		Contributory Secondary
.52	(State or countryler Cecilion Mist,	(Dutation) yrs mosd
202	10 NAME OF DA 3/ DA	(Stoned) Leg P Janes M.
	Jules Practice	Jun 2 8 193 2 (Address) Galerin Ma
USE USE	OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
TOF	M 12 MAIDEN NAME 7	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
E 0 L	a manage	ients or Recent Residents)
nfo sta	OF MOTHER 7111	At place in the of death yrs mos. ds. State yrs mos dds.
200		Where was disease contracted, if not at place of death?
200	Take ABOVE IS TAKE TO THE BEST OF MICHAELES	Former or usual residence.
000	(Informant) Matilda I Shill	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
A 28 S	(Address) Challen	Jan 18. 13.
BEve	15 Filed Rew 28 1938 Ho. Kowan Registra	20 UNDERTAKER ADDRESS
2	If more blanks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	of Information should be carefully supplied ACE should be stated EXACTLY, nould state CAUSE OF DEATH in plain terms so that it may be properly classified to occupation is very important. See instructions on back of certificate.	Village or City  PERSONAL AND STATISTICAL PARTICULARS  S SEX  4 COLOR OR RACE  MARRIED  MOD WERCED  (Write the word)  7 AGE  FILESS than  1 day, hrs.  10 Trade, profession or particular kind of work  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE  (State or country)  10 NAME OF FATHER  11 BIRTHPLACE  OF FATHER  (State or country)  12 MAIDEN NAME  13 DIRTHPLACE  OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  Cecultura  (Address)  Filed Mark P 1953  15 Filed Mark P 1953  16 JOW MAR  Registral

(Approved by U. S. Census and American Public Health Association.

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the a) Foreman, (b) Automobile factory. The material worl of on may form part of the second statement. Never return 'Laborer.'" Foreman," "Manager," "Dealer," et... without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. nature of the burness or industry, and there is an sary to know the first line will be sufficient, e g.. Fermer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None business, that fact may be indicated thus; Farmer (we Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, household only (not paid Housekeepers who receive a additional line is provided for the latter statement it cases, especially in industrial employments, it is neces-Physician, Compusion Archael, normanness, Selomeny pressun, et . But in many inite salary), may be entered as Housewife, Houseyed, as At school, or At home. Care should be taken report specifically the occupations of persons en-For many occupations a single word or term on cr At Home, and children, not gainfully emme). For persons who have no occupation a the kild of work and also (b) the 18 6.3 J. 16 6 6 11 3 13

Stateme t of Cau e of Feath—Name, first, the Disabase CAUSING DEAT. the property affection with respect to time and causation, using always the same accepted term for the same discrete. It amples: Cerebrospholy fever (the only definite synonym is "pidemic cerebrog spinal mean, itis"); Diphtheria avoid the of "Coup" of Typhoid fever (never report "Typhoid Paeumonau".

naphroved by Committee on "(Exhaustion," "Heart ranure, "Old Age," "Shock," "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease .Anterican Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (directe "PUERPERAL seplicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify: !! causing use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, idanus) may be stated under the head of "contributor; as fracture of skull, and consequences ie g., se, was carbolic acid-probably suicide. The nature of their jury, accident; Revolver wound of head-homicide; Poiso. ed by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine deliniely and qualify as ACCIDENTAL, SUICIDAL, OF HOTHCH taken. FOR VIOLENT DEATHS state MEANS OF INJUIT State cause for which surgical operation was under diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death ..... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), Chronic valvular heart etc. The contributory Nomenciature disense; Mensles, etc., of

If this certificate is looked over thoroughly and all que tions answered in detail, it will prevent further correspondence. he data is essential and must be obtained before the certificate is permanently filed.

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infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH	397
	1. PLACE OF DEATH	96	
should f	County SCA	Registration Dist. No.	
item shou	Village of City Me Tosit	No. St,	War
A 9	Length of residence in city or town where death occurred 44.5 yrs?mos.	death occurred in a hospital or institution, give its NAME instead of street and n	
Every CIANS ement	2. FULL NAME A TANK CHANGE	desarret	
RD. Every YSICIANS statement	(a) Residence: No. Port De Parit, Me	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PH PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
CY. E.	4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 1932) (Year)
NDING RMANEX X A C T   classified	5a. If married, widowed, or divorced HUSBANO of	22.   HEREBY CERTIFY, That Vattended	dacaseed fro
BINDIN PERMAN EXAC y classifi te.	(OE) WIFE O WITH Zarrell	Lan 6 3219 2 to Sam 6	. 19 22
	6. DATE OF BIRTH (month, dey, and year) Aug. 18, 1865	I last saw h _ alive on fund 6 _ 1932	; death is sai
<b>₽</b> 7 8	7. AGE Years   Months   Day   If LESS than	to have occurred on the date stated above, at	
FOR IS A stated proper	66 4 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Date of onse
- 70	8. Trede, profession, or particular kind of work done, as SPINNED Sectration SAWYER, BOOKKEPER, etc.		
THU d p d p k o	kind of work done, es SPINNEP  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL.  SAW MILL, BANK, etc.  10. Dato deceased bet worked at this occupation (month and	I Imaina Litoris	100 A
ERVI K—TI hould may back	9 Industry or business in which work was done, as SILK MILL. Journal Salvarl	Nay Miss por	1430
20 Z 8 II II			/
RES VG I AGE that	year) Occupation occupation of the search week	Other Contributary Causes of importance:	
F-1 1 _ +=-	12. BIRTHPLACE (city or town) (State or country)	7-11-	
ARGIN RIUNFADING upplied. AGI		Collins Scenarios	
	I TO THE TOTAL TOT	Name of operation Date of	
T -= 00	14. BIRTHPLACE (city or town) (Stete or country)	What test confirmed diagnosis? Wes there an a	ulonsv?
WITT efully in pla	15. MAIDEN NAME Sarah Burke	23. If death was due to external causes (VIOLENCE) fill in also the following	
La dis	16, BIRTHPLACE (city or town)  (State or country)	Accident, sulcide, or homicide? Date of injury	, 19
INLY, be cal	(State or country) Jennylvania	Where did injury occur? (Specify city or town, county and State	
A D G V	17. INFORMANT and Barrett, und	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	ΛĆΕ.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place Tofte William Oate Milliam 19 02	Nature of Injury	79
WRI mation CAUS	19. UNDERTAKER IL LA SALLERANY	24. Was disease or injury in any way related to occupation of deceased?	60
o A	(Address) (Pernyville, Man.	If so, specify	
» × (T)	20. FILED 1-8 1932 LD fauders Registrar	(Signed) (Address) That was A	CIA.
	If more blanks are needed address State Registrar.	1 / / /	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dato of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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## STATE OF MARYLAND—CERTIFICATE OF DEATH

1	1.	P .	1.	13
- 1	1 6 3		80	×
U	16	U	27	U

1. PLACE OF DEATH		(IG)	
CountyCecil		Registration Dist. No. 96	#- =+==++ <b>=</b> ==
Village or City Vaterans Admini	stration Hospi	tal No Perry Point Md. St., f death occurred in a hospital or institution, give its NAME instead of street and n s. 21 ds. How long in U.S. if of foreign birth? yrs. mo	Ward
			3 43.
2. FULL NAME BOLTON, EV			
(a) Residence: No. 736 W. Bal tin	Jore Street, Ba.	If nonresident give city or town and	State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
	GLE, MARRIED, WIDOWED, DIVORCED (write the word) Divorced	21. DATE OF DEATH  January 2 (Month) (Day)	, 193 <b>2</b> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Divorced —	unlesous	22. I HEREBY CERTIFY, That I ettended of August 12 ,19 31, to January 2	deceased from
6. DATE OF BIRTH (month, day, end year)	1877.	liast saw h im alive on January 2 ,1932	; death is said
7. AGE Years Months 54	Deys If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 4:40. Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Unki	nown	Pneumonia, lobar	1-1-32
SAW MILL, BANK, etc.	no wn	Fracture of hip due to ascidental fall.	
0 10. Date deceased last worked at this occupation (month and year) Unknown	11. Total time (years) spent in this occupation Unknown		
12. BIRTHPLACE (city or town) Clinch's (State or country)	River, Va.	Dther Contributory Canses of importance:  1. Fracture of hip.  2. Psychosis, senile, simple deter-1	12-3-31
13. NAME	low Bolton	ioration. 3. Arteriosclerosis, U	-2-&3
	tland	Name of operation None Date of Date of	
I 15. MAIDEN NAME Louisa Le	ewis	What test confirmed diagnosis?	
15. MAIDEN NAME Louisa Le  16. BIRTHPLACE (city or town) SCO.  (State or counity)		Accident, suicide, or homicide?NO Dete of injury Where did injury occur?	
17. INFORMANT Ho spital Records (Address) Perry Point, Mo		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Baltimore, Md Date		Menner of injury	
19. UNDERTAKER R. MADISON MITCHET	Mitchell I.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED. 1/4/32 Hayre do Graces 1	De Duocusto Rep Registrar.	(Signed) F. E. IL SLIE, Medical Officer (Address) Perry	in Cha

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemotrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
13 30				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

1	6.	0,	11	0
6	U	J	J	3

1. PLACE OF DEATH			108	
County Cec 11	************		Registration Dist. No.	96
Village or City Veterans*  Length of residence in city or Jown when	Administ	ration Hos (1 8 yrs. 7 mos	oited, Perry Point, Md. St.  death occurred in a horpital or institution, give its NAME instead of street  16 ds. How long in U.S. If of foreign birth? yrs.	ward and number)
2. FULL NAME BOWERS	Samuel	XC-1	293 059	
(a) Residence: No.R.D. #1,		Texas.	St., Ward.  If nonresident give city or town	and State
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE white	5. SINGLE, MAR OR DIVORCE Singl	tRIEO, WIOOWEO, D (write the word)	21. DATE OF DEATH  January 30  (Month) (Day)	, 193.2. (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Single			22. I HEREBY CERTIFY. That I etter June 16 ,19 27, to Januar	nded deceased from
6. DATE OF BIRTH (month, day, and year)	1889.		I last saw h im alive on January 30 ,19	
7. AGE Years Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 6 2 22 Pm. The PRINCIPAL CAUSE OF OEATH end related causes of importance	
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Farmer	VI   IIIII.	Pneumonia, lobar	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc				
0 Data deceased last worked at this occupation (month and year)	spa	ime (years) nt in this upation		
12. BIRTHPLACE (city or town) Lub) (State or country)	oock, Texa	s.	Other Contributory Causes of importance: Empyema	1-22-32
13. NAME Unknown				'
13. NAME Unknown  14. BIRTHPLACE (city or town) Unknown (State or country)	) wn		Name of operation	
置 15. MAIOEN NAME Unknown			23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME UNKNOWN  16. BIRTHPLACE (city or town)  (State or country)	Jnkn own		Accident, suicide, or homicide?Date of injury Where did injury occur?	, 19
17. INFORMANT Hospital Re (Address) Perry Po	cords oint, Md.		(Specify city or town, county and Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLI	State) C PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Saunders Funera	l Date Feb	5 ,19 32	Manner of Injury	
19. UNDERTAKER H. Madison 1 (Address)	Mitchell,	rell	24. Was disease or injury in any way related to occupation of deceased	
	Grace, I	Mouses on Kep Registrar.	(Signed) F. E. LESLIE, Med. Office	r in Char

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. D. Ng. 1. Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1-72	
		RIDE	
Other contributory causes of importance:		Other contributory causes of importance	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

or-	A-	STATE OF MARYLAND	CERTIFICATE OF DEATH	160
infor- state	UP /	1. PLACE OF DEATH	952	400
		County Cecul	Registration Dist. No.	4
item of	9	Village or City north East	No	Ward
·=	/0		death occurred in a hospital or institution, give its NAME instead of street and n	
CORD. Every	statement			3
ICI E	aten	2. FULL NAME ( ) Cogers (S)	S	
RD	sts	(a) Residence: No. Oergoilly (Usual place of abode)	St., Ward. If nonresiding give city or town and	State
RECORD.	Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
R. F.	Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	5
ENT	ed.	Female white widowed	(Month) (Day)	(Yaar)
HZO	iifie	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY Thet I attended of	deceased from
ND NA X A	lassifi	(or) WIFE of Jurner Brown	Jan 24 ,32 10 Jan 24	193
BIND FRWA E X A	s cl	6. DATE OF BIRTH (month, day, and year) about 1863	Hastsawher alive on Jan 24 , 1932	death is said
joint part	fical	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 12_m.	
FOR IS A stated	properly certificate	69 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
- 00 -	pe p	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	acute Cardiac	
T	1	SAWYER, BOOKKEEPER, etc.	Diretation	1-24.
ERV]	may	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Data deceesed last worked at this occupation (worth and	000000000000000000000000000000000000000	
INI S	t it	- this occupation (month and Sponttin this		
RE VG	erms, so that instructions	year) occupation	Other Coutributory Causes of importance:	
ZI G	so	12. BIRTHPLACE (city or town) Calout (State or country) Md		
MARGIN UNFADI supplied.	ms, stru			
MARG] UNFA supplied		I hear of		
db.	OJ =-	4 14. BIRTHPLACE (city or town) Color of the	Neme of operation Date of What tast confirmed diagnosis? Was there an a	72.
WIT!	r pl	15. MAIDEN NAME Walker	23. If daeth wes due to externel ceuses (VIOLENCE) fill in elso the following	
, v	EATH in j important.	15. MAIDEN NAME Walker  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury	
VLY,	Thou	Stete or country) O hu	Whera did injury occur?	
AIA	DEATH y import	17. INFORMANT Mrs Maby alexander	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	aCE.
F PLA	OF D	(Addrass) with East had		
		18. BURIAL, CREMATION, OR REMOVAL  Place Calvery, wed Data Jan 28 193	Menner of injury	
WRIT mation	CAUSE TION is	Place Constants, central Data	Nature of injury	20
T. P. B.	CAUS	19. UNDERTAKER DIEPL (1 Fedure)	24. Was diseasa or injury in any way related to occupation of deceesed?	100
B	6	10 de la come case ma	If so, specify (Signad)	<b>3</b>
» z	(1)	20. FILED 1934 Registrar.	(Address) March East	nd
No.		The move blanks are model address than Parisa	N Cl. I C B L. D	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	1	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	FEB 3 1932	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	hritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	BUREAU V.S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory of	causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County County	CERTIFICATE OF DEATH
O C	Registration Dist. No.
BINDE	
Village or City JUL LA VILLAGE.	St.: Ward) (If death occurred in a hospital or institu-
11 st. 11 A-	tion, give its NAME in- stead of street and
2FULL NAME JULIA	n ( number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH 1/23/32
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH / 2/1
MARRIED, WIDOWED.	Jan 199 L
WILL OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DAVE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
1 - 22 1932	2 3 1920 160 1 2 3 , 1920 4
(Month) (Day) (Year)	that I Jast saw h finalive on Cod 23 1927
7 AGE //	and that death occurred on the date stated above, atm.
I day_hrs.	The CAUSE OF DEATH * was as follows:
ds. ormin.?	At in A
8 OCCUPATION (a) Trade, profession or	July None
particular kind of work	
(b) General nature of industry	**************************************
business, or establishment in which employed or (employer)	(Duration)ds,
9 BIRTHPLACE	Contributory Secondary
(State or country)	1 ( Dudied yrs mos de.
10 NAME OF	15 1 Human MD
FATHER SIMMENT SIMME	(Signed)
U 11 BIRTHPLACE	7 (Address) ( Address)
F OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Z (State or country)  12 MAIDEN NAME  (State or country)	
of MOTHER OVOLLEY OF VICYMULE	8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of deathyrsmosds, Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Total O. A	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Ou premises 1-23 ,32
(Autress)	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
15 Filed 1/23 19232 L. T. Handers	20 UN DERTAKER BY TELES P. X TELES!
Registrar	ommer of the last of position
If more hanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

6.6101

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foremon, (b) Automobile factory. The material should be used only when needed. As examples: (a) cases, especially in industrial employments, it is nece the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specimena. It laborer, Form laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it Civil engineer, Physician, Compositor, Architect, business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. For many occupations a single word or term on Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the Dra EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacnita," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "(Tranition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death corbolic acid-probably suicide. The nature of the injury, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping cough; clanus) may be stated under the head of "contributory." as fracture of skull, Examples: Accidental drowning; Struck by roilway train-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiby Committee on Nomenclature or intercurrent) affection need Chronic valvular heart disease; and consequences (e. g., sepsis etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Informant

Registras

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration L	7186. 140	
.:Ward)	a hospital	occurred in or institu
		ts NAME in

number.)

ADDRESS

	***************************************
P	MEDICAL CERTIFICATE OF DEATH
L	16 DATE OF DEATH AN UARY 18, 1932
_	(Month) (Day) (Year)
	I HEREBY CERTIFY, That I attended the deceased from
	that I last saw h & alive on Joseph 1922,
an	and that death occurred on the date stated above, at /m.
rs.	The CAUSE OF DEATH * was as follows:
?	Diabetis
	***************************************
•••	
	15
	(Duration) /5 yrs
-	Contributory Secondary
_	(Shened) (Sh
_	Jan 18 1972 (Address) Ellston, Mal
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
_	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	At place of deathyrsmosds. In the States yrsmosds.
-	Where was disease contracted, for Deposit und,
	Former or usual residence Part Deposit Und.
1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

If more backs are needed, addre. s Ltate Negistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

## REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to c.ch and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Locomotive engineer,

s. inal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same dise se. E .: amples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect, Statement of Cause of Death-Name, first, the pis-Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebrotime and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("E:haustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainearbolic acid-probably suicide. The nature of the injury, "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic Example: Measles (disease " "Coma," "Convulsions, affection need not be etc. The contributory valvular heart disease; Measles ;

answered in detail, it will prevent further correspondence. all this certificate is looked over thoroughly and all questions ently filed. essential and must be obtained before the certificate is

4

PLACE OF DEATH

hould at supplie a 0 I be EA OO 20 S LL O state 0

ESERVE

2

MARGIN

County stated EXACTA properly classifi f certificate. Village or City <sup>2</sup>FULL NAME stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. may be WIDOWED. OR DIVORCED (Write the word) on 6 DATE OF BIRTH structions (Month) (Day) (Year) 7 AGE IIf LESS than I day hrs. ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work | aul (b) General nature of industry business, or establishment in which employed or (employer) impo Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER AUS ENT (Mate or country) 12 MAIDEN NAME O. OF MOTHER 01 ients or Recent Residents) 13 BIRTHPLACE O At place OF MOTHER of death ... (State or Country) Where was disease contracted, shoul 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? CIAMS sho usual residence (Informant) 19 PLACE OF BURIAL OR REMOVAL 20-UNDERTAKER Registrar

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in St.: Ward)

a hospital or institution, give its NAME in-stead of street and number.)

CERTIFICATE OF DEATH

(Month) (Day) I HEREBY CERTIFY, That Intended the deceased

and that death occurred on the date stated above, at The CAUSE OF DEATH \* was as follows:

\*State the Disease Causing Death, or, in deaths from

Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the ....yrs......mos......ds. \_\_\_\_yrs......mos.....

DATE OF BURIAL

ADDRESS

If more branks are needed, address State Registrar, 16/W. Saratoga St., Balto., Requesting V. S. No. 1.

## REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Furner frestate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEACH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton should be used only when needed. additional line is provided for the latter statement; is nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. But in many For many occupations a single word or term on Farm laborer, without more precise specification as For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salesmon. Laborer--Coal mine, etc. Wom-Locomotive engineer, As examples: (a) (5) Grocery; Day

spinal meningitis"); Diphtheria (avoid use of "Croup" Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic derebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia for the same disease. Examples: Cerebrospinal ("Pneumonia,

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data

pemnanently filed

of leanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the (Recommendations on statement of cause of "Exhaustion," "Heart tallure, Harmon, "Shock," "Old Age," "Shock," American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Examples: Accidental drowning; Struck by railway troinstated unless important. (secondar) Whooping use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, menthis certificate is looked over thoroughly and a l questions wered in detail, it will prevent further correspondence. All the a is essential and must be obtained before the certificate is "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi . (name origin; "Cancer" is less definite; avoid interstitial nephritis, cough; or intercurrent) affection need not be ess important. Example: Measles (disease for malignant neoplasms); Mcosles; Chronic ralvular heort etc. The contributory disease;

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AUV.S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	SICIAI	PHY	BY	STATEMENTS	FURTHER	FOR	SPACE	ADDITIONAL
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V. S. No. 1

1 01 105 0		OF MAR	YLAND—	CERTIFIC	ATE C	OF DEATH	60	405
1. PLACE O	Cecil		EOL BORFORATE	COMPTS OF	52)		9	7
County						Registration Dist. No.		4
Village or C		ton, Md	(1)	No f death occurred in a hosp	oital or institution	on, give its NAME instead of	St.,	War
Length of resi	idence In city or town where	death occurred	life mos	ds. How long	g in U.S. if of	foreign birth?yrs	m	osd
2. FULL NA	ME Alfred	Craig.						
(a) Residen	ce: No. Bethl	treet		St., Wa	rd.	If nonresident give city or	1	C
PERSON	IAL AND STATIST			MED	ICAL CE	RTIFICATE OF DE		State
3. SEX Male	4. COLOR OR RACE Black	5. SINGLE, MA	RRIED, WIDOWED,	21. DATE OF E				<b>1.2</b> 93
5a. If married, widow HUSBAND of	ved, or divorced			January 22, 193293 (Year)			(Year)	
(or) WIFE of						CERTIFY, That I		
6. DATE OF BIRTH (	(month, day, and year)	<b></b>	1867	I last saw h. im	alive on. J &	9 31, to Jan. 22 m. 22 1932	. 19 . 19	; death is sai
7. AGE Yea	5	Days	If LESS than I day,hrs. ormin.	1		above, at 11 P.m. and related causes of import	ance	Date of onse
8. Trade, profes	ssion, or particular vork done, as SPINNER, BOOKKEEPER, etc	aborer		Epithel:	ial ce	ll carcinon	18	unkn
kind of w SAWYER, 9. Industry or work was SAW MIL 10. Date decease	business in which s done, as SILK MILL, L, BANK, etc			of ne	ck.			
10. Date decease this occuper year)	ed fast worked at pation (month and	Sp:	time (years) ent in this upation			***************************************		-
12. BIRTHPLACE (cit (State or cour		u Caul	· · · · · · · · · · · · · · · · · · ·	Other Contributory Ca	auses of Import	ance:		
13. NAME	Eli For	Con						
13. NAME 14. BIRTHPLACE (State or		ary Car	الم			l & X-ray	-	, ,-
15. MAIDEN NA	ME Junan	_ 'Cu	aig	23. If death was due to	external cause	es (VIOLENCE) fill in also the	e following	:
15. MAIDEN NAI 16. BIRTHPLACE (State or	(city or town)		land	Accident, suicide, or h Where did injury occu		Date of Inju	ry	, 19
17. INFORMANT (Address)	Valler m	vont		1		(Specify city or town, coun INDUSTRY, in HOME, or in P	ty and State UBLIC PL/	e) ACE.
18. BURIAL, CREMAT	, a A Che	Eupate Ju	u 26,19.32	Manner of injury				
19. UNDERTAKER (Address)	Eliton 1	thin		24. Was disease or inju	ury in any way	related to occupation of dec	eased?	no
20. FILED 12.4	26,1937/	Manl	Best Trans	(Signed) (Address)	1. H.	Elkton, Mc	<u>ر</u> اه	M. 1
	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, B	Baltimore, Regi	esting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	Example II			
The principal cause of death and related causes of importance were as follows: FEB 4 1932	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of conset	
Chronic interstitial nephritis BUREAT	1921	Run over by street car	1 week ago	
Cerebral hemorrhage V. S	July 5,1927	Perilonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Z

STATE OF MARYLAND-	CERTIFICATE OF DEATH 56406
1. PLACE OF DEATH	
County lell -	Registration Dist. No.
Village or City Lerry relle, hull	No. St, Ward
Length of residence in city or town where death occurrence 20 wsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Harvey Townand	Culbuson
(a) Residence: No. (Usuai place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (white the word)	21. DATE OF DEATH  January 16th  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WAFE- of Lettie Pullettaon	1 HEREBY CERTIFY That I attended deceased from Jaw. 16 1937 to Jaw. 16, 1932
17 30-1866	Mast saw ham alive on January 16, 1932; death is sain
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 - Pm.
65- 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. MARON SAWYER, BOOKKEEPER, etc.	20
kind of work done as SPINNER. SAWYER, BOOKKEEPER, etc.  5. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (worth and	Aguaral alterio
10 Date deceased last worked at this occupation (profit and 9 /93) 11. Total tima (years) spent in this year) 3	
12. BIRTHPLACE (city or to Metar, Jord Ne Point, Me	Other Coutributory Causes of Importance:
(State or country)  (State or country)  (State or country)  (I is a sure of the state of the sta	143
E	Nama of operation Date of
[State or country]	Nama of operation
	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. State or country)	Accident, sulside, or homicida? Data of injury,19
[Stata or country]	Whera did Injury occur?
17. INFORMANT and Cullertroy (Address) Perryrelle, ma	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BENNIVAL	Manner of injury
Place Cottony Cell Date 2011, 1932	Nature of injury
19. UNDERTAKER LEGICAL STELLERAY	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED 1-19, 1932 Lo. F. Davlers Registrar.	(Signed) James Garago M. M. (Address) James Golle, M. M.
	r, 2411 N. Charles Street, Baltimore, Requesting & S. No. 1.

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Example I	And the second	Example II			
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Arteriosclerosis FEB 2 1932	1015	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1/21	Run over by street car	1 week ago		
Cerebral hemorrhage . BUREAU V	July 5,1937	Peritonitis	3 days ago		
The course of the Santage of the Course of t					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACLLY. PHYSICIANS should state Exact statement of ACCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.

1. PLACE OF DEATH	CERTIFICATE OF DEATH
0.0	Sept.
	Registration Dist. No.
Village or City north Cast O( 5)	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 70_yrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & da M. Davis	
(a) Residence: No. Morth East R. Q (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 30 193 (Year)
5a. If married, widowed, or divorced	
(or) WIFE of Casby Davis	22. I HEREBY ERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 2( 1862	I last saw h. 2 alive on 19 3 2; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at San Market
70 0 9 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, ) tousewife	Veslule 3 my ym
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years)	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Near North Cart	Other Contributory Causes of Importance:
(State or country) manyland	
# 13. NAME Stephen ! letternson	
13. NAME Stephen . ltkurson  14. BIRTHPLACE (city or town) on ear north lasy	Name of operation Changeline y lar Date of framile 3
(State of country)	What test confirmed diagnosis? Was there an hotopsy? Leave
15. MAIOEN NAME Hausah M. Range	23. If death was due to external causes (VIOLENCE) fill in also the following.
16. BIRTHPLACE (city or town) hear houth Cach (State or country)	Accident, suicide, or homicide?
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Belle M. Contrate Feb 2 1932	Nature of injury
19. UNDERTAKER STANDER R ROLL	24. Was disease or injury In any way related to occupation of deceased?
(Address) July Cash md	If so, specify
20, FILED Z - Z - 32 19 The let Quees	(Signed) M. D.
Registrar.	(Address) Will Kut hal
If more blanks are needed, address State Registrar.	2411 N. Charles Street Baltimore Requesting 7) S. No. 1

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvart—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage FEB 3 19	July 5, 1927	Perilonitis	3 days ago
	7 9		
Other contributory causes of important		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR FUI	THER STATEMEN	IS BI PHISIC	IAN

PLACE OF DEATH STATE OF MARYLAND County Con CERTIFICATE OF DEATH WITH SERVICE LANGE OF STREET Registration Dist. No. Village or City & Ih operly classi EXACT (If death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street and argonis Dillos number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH be MARRIED WIDOWED. OR DIVORCED may onid Write the word (Month) (Day) 6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the degeased from structions that (Month) (Day) that I last saw (Year) 7 AGE If LESS than 80 and that death occurred on the date stated above, at .... supplied. I day hrs. The CAUSE OF DEATH \* was as follows: BOCCUPATION (a) Trade, profession or particular kind of work plain (b) General nature of industry business, or establishment in UNFADING 2 (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) DO BB OD 10 NAME OF FATHER (Signed) OF 11 BIRTHPLACE (0) [1] COZ OF FATHER ENT \*State the Disease Causing Death, or, in CAU (State or country) Violent Causes, state (1) Means of Injury and (2) Whether ation Accidental, Suicidal or Homicidal. 12 MAIDEN NAME œ 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transnform state CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER In the State.....yrs....mos... (State or Country) O Where was disease contracted, of shoul if not at place of death? tem statement usual residence (Informant) 5 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every Address 20 UNDERTAKER ADDRESS 100 Registrar

If more branks are needed, address State/Registrar, 16/W. Saratoga St., Balto., Requesting V. S. No. 1.

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been charged work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The materia Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day (a) the kind of work and also (b) the As examples: (a) Grocery,

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed te: n for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

Passwered in detail, it will prevent further correspondence. All the permanently filed Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, tearway) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid -probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart disease, Example: Measles (disease etc. The Nomenclature of the contributory

V. S No. 1

id be carefully supplied. ACE chould be stated EXACTLY, PH	CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact	statement of OCCUPATION is very important. See instructions on back of certificate.
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			60409
, 1	PLACE OF DEATH	AND DESIGNATION OF THE REAL PROPERTY.	STATE OF MARYLAND
Cou	nty Cecil		CERTIFICATE OF DEATH
			Registration Dist. No.
Village	or City Childs, R	D. (No. Co	(If death occurred in a hospital or institution, give its NAME II - stead of street and number.)
F	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
s sex	4 COLOR OR RACE White	MARRIED, Single or DIVORCED (Write the word)	January 2nd, 1932 (Month) (Day) (Year)
6 DATE	E OF BIRTH		17 I HEREBY CERTIFY, That I attended the deceased from
	June	31 , 1 <mark>960</mark> (Year)	00t. 15th. 192 31to Jan. 2nd, , 19232 that I last saw 11m alive on Jan. 2nd, , 1932,
7 AGE		mos. 12 de.   If LESS than   1 day	and that death occurred on the date stated above, at 2:15P.m. The CAUSE OF DEATH * was as follows: Cerebral hemmorrage.
(a) 1: partic (b) G busine	rade, profession or cular kind of workeneral nature of industry ess, or establishment in a employed or (employer)	Barber That of game.	About 12 hrs.  (Duration) yrs. mos. ds.
9 BIRTI	HPLACE cate or country)		Contributory Arterion acleroaia  (Duration) Inknowns ds.
	NAME OF Pennaylv	inia,	L' Maner
	Henry Frid	0.45	(Signed) M. D. Jan. 2 1932 (Address) Elkton, Md.
	BIRTHPLACE OF FATHER (State or country) Penn.		*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
0: 12	of Mother Hannah B	rabaon.	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-
13	BIRTHPLACE OF MOTHER (State or Country) Penn	•	At place of deathyrs21mosds.  Where was disease contracted of the at place of death?
	ABOVE IS TRUE TO THE BEST		rt not at place of dea h?
(In	nformant) W.C.Harv	• •	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) North	Eagt, Md.	North East, Md. Jan. 4th 32
File	d face 2 1929 f.	Muls Day	Joseph R. Grant Nobth Eastm No
	If more banks are	needed, addre.s Ltate Kegistrai	r, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

## REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, copecially in industrial employments, it is neces-Civil engineer, tion applies to e.cli and every person, irrespective ci whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Nanager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons enfirst line will be sufficient, e. g.. Farmer or Planter, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Campositor, Architect, Locomolive engineer, For persons who have no occupation Stationary fireman, etc. But in many

s, inal menin<sub>o</sub>itis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia"); ferer (the only definite synonym is "Epidemic cerebroed term for the same dise.se. Examples: Cerebrospinul EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISto time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.); "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, st\_ted unless important. unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJU.X Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory Measles;

answer dain detail, it will prevent further correspondence. All the east is essential and must be obtained before the certificate is permanently fied.

MARGIN RESERVED FOR BINDING

V. S. No. 1

Length of residence in city or town where death occurred . D. yrs	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10410
Villago or City Chile a facility of town where death occurred. To Jyrs	1. PLACE OF DEATH	93-6
Langth of residence in city or town where death occurred. Dyss. mos ds. How long in U.S. II of foreign birth?  2. FULL NAME  (a) Residence: ND. Class feeling birth occurred. Above and State Color of Class place of shools?  (b) Residence: ND. Class feeling birth occurred. Ward.  (a) Residence: ND. Class feeling birth occurred. (Class) place of shools?  (b) Response of shools of Class feeling birth occurred by the color occurred by t	County Celil	Registration Dist. No.
2. FULL NAME Whise (a) Residence: No. Charafacte discounty (Great piece of shoots)  PERSONAL AND STATISTICAL PARTICULARS  3. SEMBLE COLOR OF PACE (S. SINCLE MARKED, WIDOWED)  4. COLOR OF PACE (S. SINCLE MARKED, WIDOWED)  5. It marries by the color of proceed (Growthe of discount)  5. It marries by the color of proceed (Growthe of discount)  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE Vers (Month)  8. Trade, protessin, or particular (Month)  8. Trade, protessin, or particular (Month)  8. Trade, protessin, or particular (Month)  9. Trade, protessin, or particular (Month)  10. Date decrease that (Month)  11. Total time (years)  12. BIRTHPLACE (city or town)  13. NAME (Lity)  14. BIRTHPLACE (city or town)  15. MADE OF DEATH  16. Date of DEATH  17. AGE Vers  18. BIRTHPLACE (city or town)  19. Under the content of the date stable above, at (1) and (1)		
(a) Residence: ND. Chessiples disode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEMBLE 4. COLOR GYRACS  5. SINCLE MARRIED, WIDOWED, DEPLYONCED come in population of the data standard of the data standard deceased from the day and particular from min.  6. DATE OF BIRTH (month, day, and year) faculary 3 / 16 / 15 / 15 / 16 / 15 / 16 / 16 / 16	Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign birth?yrsmos,ds
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  3. SET Male 4. COLOR OF PARCE S. SINGLE, MARRED, WIDOWED. OR DIVORCED ("write the ground)  Sea. It married, widowed, or divorced HUSBAND ("Day)  Sea. It married, widowed, or divorced HUSBAND ("Day)  FUSAND ("Day)  Sea. It married, widowed, or divorced HUSBAND ("Day)  FUSAND ("Day)  Sea. It married, widowed, or divorced HUSBAND ("Day)  FUSAND ("Day)  Sea. It married, widowed, or divorced HUSBAND ("Day)  Sea. It married, widowed, or divorced HUSBAND ("Day)  FUSAND ("Day)  Sea. It married, widowed, or divorced Guessed Jimportance ("Day)  It have occurred on the date stand above, al. // "An. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Were as follows:  B. Trade, profession, or particular were as follows:  SAWYER, BODKEEPER, etc.  SAWYER, BODKEEPER, etc.	2. FULL NAME William & Howa	
3. SEMALE 4. COLOR OF PRACE SENSIFIER, MARRIED, WIDOWED. OF DEATH SENSIFIER		
Male White OSE DIVORCED (winter this good)  3. If married, widowed, or givorced HUSBADO  4. Month of Note of Authorize Howard  5. ATT and the Company of Months of State of Company of Control of Cont	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of Natherine Noward  6. DATE OF BIRTH (month, day, and year) Jacuary 3 /862  7. AGE  Years  Metalls  Days  If LESS than I day, hrs. I day, hrs. SAWYER, BODKKEPER, etc. Retired farmer  SAWYER, BODKKEPER, etc. Retired farmer  SAWYER, BODKKEPER, etc. Settined farmer  Work was done, as SILK MILL, SAWILL, SAW MILL, SAW MILL, SAW, etc.  13. BIRTHPLACE (city or town). Claid County  Was to occupation (month and year)  12. BIRTHPLACE (city or town). Paragrand  13. NAME  What lest confirmed diagnosis? Culture Was there an sulopsy?  What lest confirmed diagnosis? Culture Was there an sulopsy?  What lest confirmed diagnosis? Culture Was there an sulopsy?  13. HERTHPLACE (city or town). Paragrand  14. BIRTHPLACE (city or town). Paragrand  15. MAIDEN NAME  Manner of injury.  Name of operation.  Name of operation.  What lest confirmed diagnosis? Culture Was there an sulopsy?  What lest confirmed diagnosis? Culture Was there an sulopsy?  What lest confirmed diagnosis? Culture Was there an sulopsy?  What lest confirmed diagnosis? Culture Was there an sulopsy?  What lest confirmed diagnosis? Culture Was there an sulopsy?  What lest confirmed diagnosis? Culture Was there an sulopsy?  What lest confirmed diagnosis? Culture Was there an sulopsy?  What lest confirmed diagnosis? Culture Was there an sulopsy?  What lest confirmed diagnosis? Culture Was there an sulopsy?  What lest confirmed diagnosis? Culture Was there an sulopsy?  What lest confirmed diagnosis? Culture Was there an sulopsy?  What lest confirmed diagnosis? Culture Was there an sulopsy?  What lest confirmed diagnosis? Culture Was there an sulopsy?  What lest confirmed diagnosis? Culture Was there an sulopsy?  What lest confirmed diagnosis? Culture Was there are sulopsy?  What lest confirmed diagnosis? Culture Was there are sulopsy?  What lest confirmed diagnosis? Culture Was there are sulopsy?  What lest confirmed diagnosis? Culture Was there are sulopsy?  What lest confirmed diagnosis? Culture Was there are sulopsy?  What lest confirmed diagnosis?	OR DIVORCED (write the pord)	Jamay 8 , 193
6. DATE OF BIRTH (month, day, and year) lawely 3 /662 7. AGE  Years  Months  Days  1 If LESS than 1 If LESS than 2 If LESS than 3 If LESS tha	HUSBAND of	
7. AGE Years Menths Days 1 ILESS than 1 day, hrs. or min.  8. Trade, profession, or particular with office as a SPINKER, Lettured farmer with office as a SPINKER, Lettured farmer with office as a follows:  8. Trade, profession, or particular with office as a SPINKER, Lettured farmer with or min.  8. Trade, profession, or particular with office as a SPINKER, Lettured farmer with or min.  8. Trade, profession, or particular with office as a SPINKER, Lettured farmer with or min.  8. Trade, profession, or particular with office as a SPINKER, Lettured farmer with or min.  8. Trade, profession, or particular with or min.  8. Trade, profession, or particular with a sport in this or min.  9. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  10. Date deceased last worked at sport in this occupation (month and year)  11. Date deceased last worked at sport in this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL CAUSE OF DEATH and related causes of importance were as follows:  18. BURIAL CAUSE OF DEATH and related causes of importance were as follows:  19. UNDERTAKER	S DATE OF DIPTH (month day and year) 1044 18 A44 3 1862	0. 10
8. Trade, profession, or particular stand of some decay as SPINNER, betied famules  SAWYER, BOKKEPER, etc.  9. Industry or business in which saw years as SPINNER, betied famules  10. Date decaysed last worked at pent in this occupation (month and year)  12. BIRTHPLACE (city or town). Claid County  (State or country) Manyland  13. NAME WM. I. Kondard  14. BIRTHPLACE (city or town). Carifornia (State or country) Manyland  15. MAIDEN NAME Muss S. Aboulder  16. BIRTHPLACE (city or town). Claid County  (State or country) Manyland  17. INFORMANT Sampland  18. BURIAL CHYMATION, OR REMONAL  Place Country Manyland  19. UNDERTAKER May Manyland  19. UNDERTAKER May Manyland  20. FILED Many 9, 19.32 S. Manyand Branna  M. Manner of injury  Nature of inju		11 40
Skind of work dome, as SPINNER, lettred farmer  Industry or business in which work was done, as SPINNER, lettred farmer  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  State or country)  Many and Was there an aulopsy  13. NAME  14. BIRTHPLACE (city or town)  State or country)  Many and Was there an aulopsy  15. MAIDEN NAME  16. BIRTHPLACE (city er town)  State or country)  Many and Was there an aulopsy  17. INFORMANT  (State or country)  Mere did Injury occur?  Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Name of injury  Manner of injury  Name of injury  Name of operation.  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury  Nature	ormin.	
12. BIRTHPLACE (city or town)  (State or country)  Way 13. NAME  14. BIRTHPLACE (city or town)  (State or country)  Manyland  15. MAIDEN NAME  16. BIRTHPLACE (city er town)  (State or country)  Manyland  17. INFORMANT  (Address)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place (Country)  Place (Country)  Manyland  Other Contributory Cages of importance:  Manue of operation.  Mane of operation.  What test confirmed diagnosis?  What test confirmed diagnosis	8. Trade, profession, or particular kind of work done, as SPINNER, Lettied farmer SAWYER, BDDKKEEPER, etc.	acute my ocardial 1/5/33
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  (Specify city or town, country and State)  Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  17. INFORMANT  (Address)  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Country  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Country  (Where did Injury  (Nature of injury  (Nature of injury  (Signed)	S. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	failul
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town) Residence  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city er town)  (State or country)  Where did Injury occur?  (Specify city or town, country and State)  Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CARMATION, OR REMOVAL  Place Country  Place Country  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  (Signed)  Curption  What test confirmed diagnosis?  Was there an autopsys  Where did Injury occur?  (Specify city or town, country and State)  Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  19. UNDERTAKER  (Address)  (Signed)  Curption  What test confirmed diagnosis?  Was there an autopsys  What test confirmed diagnosis?  What test confirmed diagnosis?  Undertaken  (Specify city or town, country and State)  Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  19. UNDERTAKER  (Address)  (Signed)  Curption  What test confirmed diagnosis?  Was there an autopsys  Was there an autopsys  What test confirmed diagnosis?  Was there an autopsys  What test confirmed diagnosis?  What test confirmed diagnosis?  Was there an autopsys  Was there an autopsys  Accident, suicide, or homicide?  Open Country  Where did Injury occurr?  (Specify city or town, country and State)  Specify whether Injury in any wey related to occupation of deceased?  (Signed)  Curption  What test confirmed diagnosis?  Was there an autopsys  What test confirmed diagnosis?  Was there an autopsys  Was there an autopsy	- I this book patron (month and	0
13. NAME  14. BIRTHPLACE (city or town) Revil Caecule (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city er town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Review Removal (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. FILED Jam 9, 19.32  10. Security or town, Country or any way related to occupation of deceased? (Signed)  17. INFORMANT (Specify city or town, country and State) Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Signed)  18. Security (Signed)  19. UNDERTAKER (Signed)  10. Security (Signed)  10. Security (Signed)  10. Security (Signed)  10. Security (Signed)  11. Security (Signed)  12. Security (Signed)  13. NAME  Name of operation  What test confirmed diagnosis?  Was there an autopsy Was		20 100 - 11/100 - 11/100-
14. BIRTHPLACE (city or town) Results and What test confirmed diagnosis? Clearly Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city er town) Cecil Courts (State or country)  17. INFDRMANT Sample Was test or country (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Courts (Address)  19. UNDERTAKER As A Country (Address)  19. UNDERTAKER (Address		
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city er town)   Cecil County   (State or country)   Where did Injury occur?   (Specify city or town, county and State)   Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.   (Address)   Manner of injury   Place   Manner of injury    19. UNDERTAKER   Manner of injury   (Address)   Manner of injury    19. UNDERTAKER   Manner of injury    19. UNDERTAKER   Manner of injury   (Address)   Manner of injury    19. UNDERTAKER   Manner of injury   (Address)   Manner of injury   (Specify city or town, county and State)   Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.   (Address)   Manner of injury    19. UNDERTAKER   Manner of injury   (Specify city or town, county and State)   Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.   (Address)   Manner of injury    19. UNDERTAKER   Manner of injury   (Signed)   Manner of injury   (Signed)	13. NAME WM. V. Rougard	
16. BIRTHPLACE (city er town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place College Augustus Pate (Address)  19. UNDERTAKER (Address)  20. FILED Jam 9., 19.32  22. Howard Brawn  (Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred	14. BIRTHPLACE (city or town) Ceril County (State or country) Wary land	al The
16. BIRTHPLACE (city er town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place College Augustus Pate (Address)  19. UNDERTAKER (Address)  20. FILED Jam 9., 19.32  22. Howard Brawn  (Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred	15. MAIDEN NAME Mary S. Gorlden	23. If death was due to external causes (VIOLENCE) fill in also the following:
Where did injery occurr.  (Specify city or town, county and State)  Specify whether Injery occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manner of injury.  Place Address  Was disease or injury in any way related to occupation of deceased?  Occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Wanner of injury.  19. UNDERTAKER  (Address)  24. Was disease or injury in any way related to occupation of deceased?  (Address)  Occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manner of injury.  19. UNDERTAKER  (Address)  Occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manner of injury.  Nature of injury  19. UNDERTAKER  (Address)  Occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  Occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injory occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injory occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injory occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injory occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injory occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injory occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injory occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)  Specify city or town, county and State)  (Specify city or town, county and State)  Specify city or town, county and state)	0 16. BIRTHPLACE (city er town) / Cecil County	
18. BURIAL, CASMATION, OR REMOVAL  Place Relicion Amelia pate. Am., 11., 19.22 Manner of injury.  19. UNDERTAKER Amelia pate. Am., 11., 19.22 Manner of injury.  19. UNDERTAKER Amelia pate. Manner of injury.  20. UNDERTAKER Amelia pate. Manner of injury.  21. UNDERTAKER Amelia pate. Manner of injury.  22. UNDERTAKER Amelia pate. Manner of injury.  23. UNDERTAKER Amelia pate. Manner of injury.  24. UNDERTAKER Amelia pate. Manner of injury.  25. UNDERTAKER Amelia pate. Manner of injury.  26. U	17. INFORMANT Harry Howard	(Specify city or town, county and State)
19. UNDERTAKER (Address)  (Address)  24. Was disease of injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)  (Signed)	18. BURIAL, CAMMATION, OR REMOVAL	
20. FILED June 1 19.3 C Standard Standard		24. Was disease or injury in any way related to occupation of deceased?
	20. FILED	21 1 2 1 2 4 1 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 3 1932	July 5,1927	Peritonitis	3 days ago
BURFAU V.S.			
Other centributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 yeor

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I The principal cause of death and related cau	The state of the s	Example II	
The principal cause of death and related cause of importance were as follows:	ses Date f. onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis LD 4 1	932 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis   BUREAU	1021	Run over by street car	1 week ago
Cerebral hemorrhage	V. July \$,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDIN

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I EIVE		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	1 1	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of anset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
		, , , , , , , , , , , , , , , , , , , ,	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

The deceased had been ill from tuberculosis for the pest 12 years and had attempted to take her life in priving accusions.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TOTAL V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of of importance were as f	death and related causes ellows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	his	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 4 1932	Juy5,1927	Peritonitis	3 days ago
	BUREAU V .			
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	and the last of th			

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Chronic interstitial nephritis FEB 2 1022	1921	Run over by street ear '. 'I	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V S				
		975		
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis		
- Canoloneo	May 1,1925	Gastroenteruis	1 year	

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FOR

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

FOR

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

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E	xample I		Example II		
The principal cause of dea of importance were as foll Arteriosclerosis	th and related causes ows: RECEIVE	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	FEB 3 1932	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	FED 3 1932	July 5,1927	Peritonitis	3 days ago	
	BUREAU V.	0.			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

should state of OCCUPA-

Exact statement

properly classified.

IION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

item of infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	1.	1/1	- 6	()
U	U	生	1	8

1. PLACE OF DEA	1. PLACE OF DEATH			(83)		U	410
County Cec	il			•	Registration D	ist. No. 96	
			(If	tal No. Perry Point, death occurred in a hospital or institu 30 ds. How long in U.S. if o	Mda tion, give its NAME	instead of street and	number)
2. FULL NAME (a) Residence: No.			XC-1 36 . Baltimor		lf nonresident g	ive city or town an	d State
PERSONAL AN	ID STATISTI	CAL PARTI	CULARS	MEDICAL C	ERTIFICATE	OF DEATH	And the state of t
	OR OR RACE	5. SINGLE, MAR OR DIVORCE Marri	RIED, WIDOWED, D (write the word) ed	21. DATE OF DEATH	January (Month)	27	, 193 <b>2</b> (Year)
5a. If married, widowed, or div HUSBAND of (or) WIFE of	orced Ielen Rach	uba		July 28		January 2	7 19 32
6. DATE OF BIRTH (month, da 7. AGE Years 36	y, and year) Ma Months	Days	If LESS than 1 day,hrs.	I last saw h. 1m alive on to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows:	ed above, at 10:15	A_m.	
8. Trade, profession, or skind of work done SAWYER, BODKKE 9. Industry or business i work was done, as SAW MILL, BANK, 10. Date deceased last we this occupation (my business)	as SPINNER, EPER, etc n which SILK MILL, etc		Railroad	Pneumonia, loba	r		Date of onset 24 hrs.
this occupation (myear)  12. BIRTHPLACE (city or town (State or country)	yth and	spa	ntin this upation	Dther Contributory Causes of impo Gene ral Paralys i	s of the I	nsane	June 192
13. NAME A	thony Rac	chuba.		promound			9440 100
14. BIRTHPLACE (city or t	Polor	_		Name of operation			
	pital Reco	nd ords		23. If death was due to external cau Accident, suicide, or homicide? Where did injury occur? Specify whether Injury occurred in	(Specify city or to	in also the following ate of injuryown, county and St. IE, or in PUBLIC P	ng: , 19 ate) LACE.
18. BURIAL, CREMATION, AND Place 19. UNDERTAKER 19. (Address) 700 1891	se a.	Date Jan.	er	Manner of injury  Nature of injury  24. Was disease or injury in any w  If so, specify	vay related to occupat	tion of deceased?	•••
20. FILED 1/27/32	19 Cline	is id nu	Oys Registrar.	(Signed P. E. LEST IE (Address) Perr	y Point	ficer in	Charge,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	000	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstopes	May 1,1923	Gastroenteritis	1 year	

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Corebral harvorables	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example-I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis 2 1932	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND CERTIFICATE OF DEATH EXACTLY, P Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME in-& Elizabeth stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. back OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH instructions hat (Month) (Day) (Year) If LESS than and that death occurred on the date stated above, at 7 AGE The CAUSE OF DEATH \* was as follows: I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work 0 (b) General nature of industry business, or establishment in which employed or (employer) Contributory Ea 9 BIRTHPLACE Secondary (State or country) DO 10 NAME OF OF FATHER Shot E OF 11 BIRTHPLACE \*State the Disease Causing Death, on in deaths from OF FATHER CAUS ENT Violent Causes, atate (1) Means of Injury Accidental, Suicidal or Homicidal. and (2) Whether (State or country) 12 MAIDEN NAME œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER ...yrs.......mos......ds. (State or Country) Where was disease contracted, if not at place of death?... sho Every Item CIANS sho statement usual residence. DATE OF BURIAL OR REMOVAL ADDRESS 20 UNDERTAKER Filed 4 If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

RECORD

FOR

RESERVE

MARGIN

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation 6 Grocery,

Statement of Cause of Death—Name, first, the pilease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the Recommendations on statement of cause of death American Medical Association.) lelayus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, us fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary Whooping perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Canccr" is less definite; avoid Never report mere symptoms or terminal condicough; or intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease; etc. The contributory

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2

11 1	66422
PLACE OF DEATH	STATE OF MARYLAND
County Clail	CERTIFICATE OF DEATH
Son to a f	Registration Dist. No.
Village or City Cloop Ma (No. Union 2 FULL NAME White Smith	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SETY A COLOR OF PACE   5 SINGLE. 0 ' A	16 DATE OF DEATH
Temale Black (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That attended the deceased from
Sept (9), 1(8)	Jan 13 1932. to Jan 29, 1932,
(Month) (Day) (Year)	that I last saw h Malive on 1902,
7 AGE Probably about 85 If LESS than I day hrs. mos. ds. or min.?	and that death occurred on the date stated above, at 7, 09, m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Concerno Concerno
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Durstion) Not represent de
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Massellau &	Secondary (Duration) yrs mos ds.
10 NAME OF PATHER NOT	(Signed) M. Monison M. D.
OF FATHER	//
Z (State or country)	*State the Piscase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Deby Gaseberry	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER  A  A	At place // In the
(State or Country) W Muoron	of death yrs mos. M. ds. State yrs mos ds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW EDGE	Former or
(Informant) Hours Supelly	usual res.dence
(Address) Esseville MA.	DATE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Jan 29 19232 for Bank Registral	20 UNBERTIKER HAR GADDRESS MA
If more banks are needed, addre.s tate Kegistra	, 16 W. Saratoga St. Salto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If refired from or given up on account of the DISEASE GAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Locomolive engineer,

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Cerebral hemorrhage	BUREAUV	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	s of importance:		Other contributory causes of importance:		
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Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	12 FEB 2 1932	July 5, 1927	Peritonitis	3 days ago	
	ENTEAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S. No. 1

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of importance were a	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	FEB 4 1982	July 5,1927	Peritonitis	3 days ago
	J V. S.	1		
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were Arteriosclerosis	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	FEB 3 1932	July 5,1927	Peritonitis	3 days ago	
	BUREAU V.S.				
Other centributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

No

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1	E OF DEATH	1975 2 1 5 2 1992		MARYLAND	
County	CACII	Pèo 1680 (19 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		E OF DEATH	
	ty Elkton				
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH	
3 SEX Female	4 COLOR OR RACE	MARRIED, WIDOWED.	16 DATE OF DEATH January 11	th, , 132	
6 DATE OF BI		(Write the word) Wed	17 I HEREBY CERTIFY, That I	(Day) (Year) (Year)	
	Aug. 10. 18!	(Day), 1	May 10th 19230 to	Jan. 11th 1932 1., 11th, 32	
79 yrs. 6 mos. ds. or min.?			The CAUSE OF DEATH * was as follows:	ed above, at 9 Pe m,	
B OCCUPATION (a) Trade, p	rofession or		Arterio sclerosis		
(b) General business, or which emplo	nd of work Nor nature of industry establishment in yed or (employer)		Contributory Coronary		
	ountry)Baltimore	, Md.	(Duration)	Je hre	
10 NAME	Wm. Chae.Rol	perta.	(Signed)	M. D.	
OF FATE	LACE Della		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
12 MAIDE	HER COPHIA RE	eigney,	18 LINGTH OF RESIDENCE (For Hos		
13 BIRTHPLACE OF MOTHER (State or Country)  The second of			ienta or Recent Residents)  At place of deathyrsmosds. Stateyrsmosds		
14 THE ABOVE	IS TRUE TO THE BES	OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?		
	Mra. Robert Hlkt	Brown,	19 PLACE OF BURIAL OR REMOVAL Elkton Cemetery	Jan 14 , 193 2	
Filed FC	4 14 1922 106	Bank Bure	20 UNDERTAKER	ADDRESS	
1/	If more banks are	needed, addre.s Ltate Kegistrar	H. W. Pippin Fikton , 16 W. Saratoga St., Balto., Requesting V	S. No. 1.	

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to e.ch and every person, irrespective ch work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. first line will be sufficient, e.g., Farmer or Planter, Foreman, (b) Automobile factory. The materia. For many occupations a single word or term on yrs). Compositor, Architect, For persons who have no occupation Stationary fireman, etc. Locomolive engineer, But in many (b) Grocery;

s. inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIStime and causation), using always the same accept-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia, for the same dise se. Examples: Cerebrospinal

> unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Drepsy, "E.haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. use of "Tumor" for malignant neoplasms); diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "E:haustion, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be streed unless important. Example: Measles (disease carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; Chronic Chronic interstilial nephrilis, American Medical Association.) approved Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy," "Collapse, FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the ," "Coma," "Convulsions, etc. The contributory valvular heart disease; Measles;

permanently filed. data If this certificate is looked over thoroughly and all questions rered in detail, it will prevent further correspondence. All the

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